Components of a School Health System

Introduction

During the summer and fall of 2006, representatives from DOE, VDH, DMH, ADAP, ASAP, Designated Agencies, Youth Services, and Schools met to discuss how to better coordinate and integrate school-based supports. During the discussion, all the stakeholders acknowledged the enormous variety of models being used across the state. As with other such complex systems, this variety allows for some amazing examples of local cooperation and success, as well as some confusion around roles and responsibilities. The theoretical ideas the group generated for what a functioning school health team looks like are meant to be used as a starting point for discussion about improving the system and will need to be adapted before implementation.

The Team

The team should provide a multi-level team approach to address both intervention and prevention issues around individual children and the broader school climate. Some aspects could be addressed by the whole group, and for some tasks, sub-groups of the larger school health team should divide the work.

Key Members (whenever possible):
- School Administrator
- Guidance Counselor
- SAP Counselor
- School-based Clinician/Home-school Coordinator
- School Nurse
- Special Ed staff
- School Resource Officer
- Behavior Specialist/Behavior support personnel
- Teacher representation
- School Psychologist
- Food Service Administrator (when appropriate)
- Health or Physical Education Teacher (when appropriate)

Purpose of the School Health Team:
- To identify and intervene around mental health, physical, substance related and behavioral issues that may affect school performance
- To address risk and protective factors to prevent poor health, substance abuse and mental illness
- To increase support for students and their families
- To increase access to needed resources
- To provide consultation, education, training and support to school staff
- To promote physical and mental health
- To reduce behaviors leading to juvenile justice issues (e.g. truancy, substance abuse etc) and provide coordination with police services
- Help reduce the stigma of accessing support services
- Provide a range of prevention services

What is necessary for the team to work well?
- Leadership from school administration
- Regular meetings
- Support and commitment from school administration for space and time.
- Support/commitment (from all agencies/systems) in budgeting time for all members to participate regularly.
- Openness to listening to differing perspectives around health issues, treatment, educational and discipline issues.
- Basic cross-training for members around the mental health, substance abuse, health and education issues.
- Understanding of basic crisis de-escalation and problem-solving techniques.
- A willingness to understand and overcome "turf" issues.

Functions of a well-coordinated School Health System:

- Child Focused (Intervention Focus):
    - Widespread screening for mental health and substance use and health issues.
    - Consultation to teachers and school staff around health and behavioral health issues for individual children.
    - Case-focused consultation meetings to brainstorm supports for challenging children that incorporates a strengths-based perspective and includes the involvement of key people in the child's life.
    - Referrals for appropriate in-school and outside supports and services.
    - Prioritization of clients for in-school supports and identification of staff member who will refer for outside services.
    - Support around creating individualized, appropriate behavior and support plans for challenging children with realistic and measurable goals.
    - Collection and review of outcome data around individual children.

- School Climate Focused (Prevention Focus):
    - Encourage widespread early screening for health, mental health and substance use issues (either by school staff or Primary Care Providers, whichever is appropriate).
    - Consultation and training for school personnel around mental health, substance abuse and health issues and their impact on children's behaviors and ability to access learning.
    - Discussion around school climate, discipline and behavior policies (including update and revisions as necessary) – policies should encourage innovative and rehabilitative interventions rather than strictly punitive consequences and out-of-school placements.
    - Coordinated planning around the need for issue-specific support and education groups for students (encourage co-facilitation of groups whenever possible).
    - Coordination and planning for school-wide training and activities.
    - Focus on reducing stigma of health, mental health and substance abuse issues and treatment services.
    - Outreach/education for parents around the need to do early screenings and the importance of intervention/treatment for health, mental health and substance abuse issues.
    - Advocacy for more/better in-school and community resources.

- Collection and review of outcome data

Outcomes

There is an increasing concern about how to effectively track the impact of the school-based supports being offered through SAP and Success Beyond Six funding. Much of the following information is already tracked through various sources such as the AHS Report Card, EPSDT Tracking, SAP Monthly Statistical Reports, School-Based Clinician Surveys, Youth-Risk Behavior Survey, Medicaid billing, Grant Reports and The AHS Final Strategic Plan. Unfortunately, there is no place where the information from all these various sources is collected and evaluated. At some point, we may need to devise additional strategies for tracking some of the indicator measures, but the first step is compiling the available information.

Suggested outcomes the School Health Team could measure (with possible indicators for each outcome – some data would look at individual students and some at overall trends):

1. **Children are living healthier lives:**
   a. Number of nurse visits.
   b. Decreased incidence of obesity and eating disorders.
   c. Number of children who saw a primary care physician last year and had a complete physical.
   d. Number of schools with full-time school nurse (a full time nurse may not be necessary depending on the size of the school; maybe this should say something like "access to school nurse consistent with the size of the student body".
   e. Number of children accessing prevention screenings.
   f. Decrease in the number of children engaging substance use.
   g. Decrease in the number of students reporting symptoms of depression, anxiety and other mental health issues.
   h. Number of students who are fully immunized.

2. **Children are accessing learning and being academically successful:**
   a. Increased attendance.
   b. Decrease in truancy rates.
   c. Number of children who increased at least on grade level last year.
   d. Number of children with no grade decrease during the year.
   e. Surveys of teachers to rate their ability to focus on teaching (rather than behavior issues).
   f. Decrease in number of behavior referrals from teachers.
   g. Number of children on IEP's or 504 Plans for SED graduating from high school.

3. **Children are being supported.**
   a. Number of children seen by a school counselor, school-based clinician, or SAP counselor.
   b. Number of children seen immediately.
   c. Number of children provided with short- and long-term supports.
   d. Number of families provided with support services.
   e. Number of children accessing prevention screenings.
   f. Number of school staff accessing consultation services from health, mental health, and SAP staff.
   g. Decrease in problem behaviors (tracked through numbers of detentions, planning room referrals, suspensions and expulsions).
   h. Decrease in police involvement.

      i.   Number of referrals for outside services/supports.
      j.   Increased parent involvement in school meetings (parent-teacher conferences, IEP and 504 meetings, and EST and student support meetings).

4. Children are thriving and gaining more assets.
      a.   Number of children connected to an out-of-school activity.
      b.   Students are making healthier choices.
      c.   Increase in the number of assets per student.
      d.   Number of children and families accessing consciousness-raising and prevention activities.

Additional information about the state of school and child health issues:
- Qualitative information from parent, child, and school satisfaction surveys.
- Information from Coalition satisfaction surveys.

Next Steps:

1. Work with an interdisciplinary group to explore what data is already collected by schools, designated agencies, DOE, and DMH and VDH. Compile and evaluate the data.

2. Use document to encourage discussion with a broader group of stakeholders about how to more effectively provide preventative and intervention supports in schools.

3. Work with all stakeholders to review and document the variety of models for providing school-based services and each model's strengths and weaknesses.

4. Continue to explore and provide information about best practices for providing support services in schools.